



September 9, 2020

Welcome to America's Physician Groups' "Healthcare on the Hill," where you can get the latest on healthcare happenings in our nation's capital--and with a special focus on the value-based care movement.

As our nation--and the world--continues to face the many challenges presented by COVID-19, we are working to ensure you have the very latest information on the virus and our rapidly changing healthcare landscape.

*Think someone else may enjoy "Healthcare on the Hill?" **Forward this email and have them click [here](#) to be added to our subscription list.** And remember, you can always visit our [website](#) for more news and resources.*

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Senate GOP Introduces New, Smaller COVID-19 Relief Bill

Upon returning from recess, Senate Republicans unveiled a new coronavirus relief bill that Senate Majority Leader Mitch McConnell plans to send to the floor for a vote on Thursday. [S. 178](#) includes:

- \$300/week federal unemployment benefit through the end of the year
- Additional Paycheck Protection Program (PPP) funding
- Liability protections from coronavirus-related lawsuits for businesses
- \$105 billion for schools and an additional \$16 billion for coronavirus testing

- Forgiveness for a Treasury Department loan to the Postal Service

Not included in the bill, which is expected to cost around \$500 billion, is another round of stimulus checks. While the bill is not expected to pass in the Senate with the filibuster-proof total of 60 votes, passing with 51 Republican votes allows the party to present a unified front. Negotiations between Democrats and Republicans have stalled over the past few months, with Democrats calling the latest bill from across the aisle a non-starter.

APG Joins Coalition Letter on Telehealth and Medicare Risk Adjustment

Last week, APG joined The Telehealth Encounters Count Coalition on a [letter](#) addressed to Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma urging the agency to make permanent its recent decision allowing diagnoses made over telehealth encounters to count toward risk adjustment for Medicare Advantage (MA), Accountable Care Organizations (ACOs), and other Medicare risk-adjusted programs. The letter argued that the change would be consistent with other recent actions on telehealth and would achieve the goal of increased access to care for patients by delivering services remotely to reach populations who may not otherwise have been served in a way that is convenient, clinically effective, and cost-effective.

September MedPAC Meeting Covers Telehealth, Medicare Solvency

The Medicare Payment Advisory Committee (MedPAC) held its September [meeting](#) considering telehealth services in the wake of COVID-19 and the future of the Medicare program. Some commissioners stated their support for allowing more flexibilities in telehealth for Medicare beneficiaries in alternative payment models over the fee-for-service (FFS) model, specifically ones that assume financial risk for total Medicare spending. In the case of telehealth expansions for FFS populations, it was suggested that safeguards to prevent overuse be included with any expansion. In the case of audio-only telehealth services, it was suggested that coverage should not be recommended for Medicare. APG has been diligent in advocating for the expansion of telehealth and will continue to monitor developments.

MedPAC also reviewed Medicare trust fund data from a recent [CBO analysis](#) showing insolvency in 2026, and an expected shortfall to come even earlier in 2024. The analysis showed that the number of workers per Medicare beneficiary had declined from about 4.5 when the program began to around 3 today, and in the next 10 years, is expected to drop to 2.5. In order to stave off insolvency, the committee recommends raising the payroll tax from 2.9 percent to 3.7 percent and decreasing Medicare Part A spending. As expected, this issue is one that the next Congress will have to focus intensely on in their

upcoming session.

On Thursday, the committee discussed the ramifications of COVID-19 on both beneficiaries and providers, in terms of finances, outcomes, and other issues. 80 percent of COVID-19 deaths came from beneficiaries aged 65 or older with 40 percent of deaths among nursing home and assisted living residents. As a result of the pandemic, beneficiaries were found to be foregoing or delaying their care. For providers, the volume of fee-for-service office visits rebounded after sharp declines in March. While clinician revenue also declined, the decreases weren't as substantial as volume. The report also found that efforts from the federal government including grants, loans, and payment increases helped to offset the revenue losses from March through May.

The committee also provided an update on the report requested by the Chair of the House Ways & Means Committee in 2019. The Chair requested an inquiry on the role that private equity firms play in healthcare which the committee plans to dedicate a chapter to in its June 2021 report. It will conduct interviews with CMS on the Provider, Enrollment, Chain, and Ownership System that collects data on provider ownership in an effort to close gaps on accuracy and usability of data; interviews with stakeholders to better understand the value offered by private equity firms; and interviewing the firms themselves as well as Medicare Advantage plans to better understand how the two intersect. APG will continue to monitor the committee's report as it is drafted.

HHS Plan to Address Rural Health Disparities

Last week, the Department of Health and Human Services (HHS) issued a [Rural Action Plan](#) to address health disparities in rural communities. HHS plans to work with other federal agencies to expand current initiatives to improve health outcomes. Specifically, the plan outlines the following four-part strategy:

- Building a sustainable health and human services model for rural communities by empowering rural providers to transform service delivery on a broad scale
- Leveraging technology and innovation to deliver quality care and services to rural communities more efficiently and cost-effectively
- Focusing on preventing disease and mortality by developing rural-specific efforts to improve health outcomes
- Increasing rural access to care by eliminating regulatory burdens that limit the availability of needed clinical professionals

Private Payors Continue Current Practice for COVID-19 Testing

CMS issued an [interim final rule](#) revising the Medicare policy that would require a doctor's order to cover only one COVID-19 test per beneficiary without a

doctor's order but going forward beneficiaries would need a doctor's order. The August 25 final rule outlined COVID-19 data reporting requirements, including provisions:

- Requiring hospitals and critical access hospitals to provide COVID-19 data to the Secretary of Health and Human Services on a daily basis as a condition of participation
- Updating CLIA regulations to require all laboratories to report SARS-CoV-2 test results in a standardized format on a daily basis with civil monetary penalties against labs that fail to comply
- Revising Long-Term Care Enforcement requirements to include requirements specific to the imposition of a CMP for nursing homes that fail to report requisite COVID-19 related data to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network
- Announcing that the Hospital Value-based Purchasing (VBP) Program, Hospital Readmissions and Reduction Program, Hospital-Acquired Conditions Program, Skilled Nursing Facility VBP Program and the ESRD Quality Improvement Program for facilities, hospitals, or SNFs may not be scored if CMS does not have sufficient data available due to the Extraordinary Circumstances Exceptions policy

CMS states that requiring a doctor's order would reduce waste, fraud, abuse in the Medicare program. Providers have spoken out supporting CMS's rule, but some may continue their current practice stating they should be allowed to make their own individual coverage decisions.

APG Colloquium 2020 – Answering the Call: Value-Based Care in Public Health Emergencies

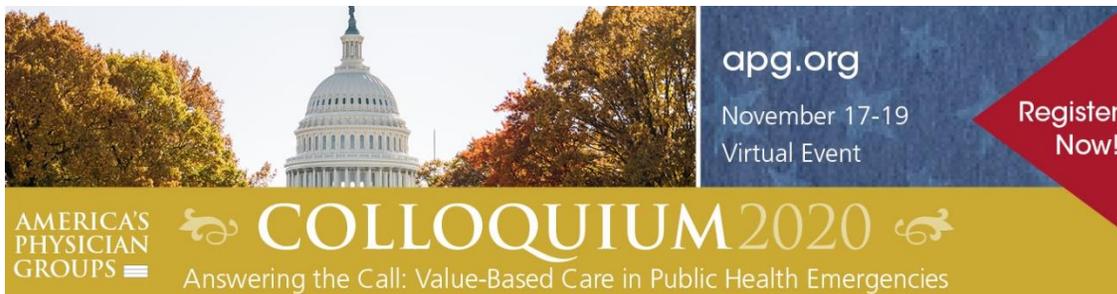
Have you registered yet for the virtual **APG Colloquium 2020—Answering the Call: Value-Based Care in Public Health Emergencies**, November 17-19? November is right around the corner, so I encourage you to [register by October 1](#) to get Early Bird rates and save \$125. APG member groups that register 10+ people save an extra \$50 per person!

As you know, the APG Colloquium is the leading conference for healthcare executives, CEOs, physicians and other providers, and anyone else interested in value-based care, alternative payment models, and improving patient care.

I'm pleased to share some of the exciting sessions we have lined up so far:

- **COVID-19 Today and in the Future: Are We Better Prepared for the Next National or Global Crisis?**
- **Addressing Racism's Role in Health Inequity**
- **Telemedicine and Website Manner: Bringing Your Doctor to You**
- **Are APM's on the Right or Wrong Track?**
- **Virtual Care in Academic Health Systems: What a Difference a Year Makes!**

And here's a sneak peek at just a few of the exceptional speakers on the Colloquium program: **Kavita Patel, MD**, Nonresident Fellow, Brookings Institution, PTAC (Physician Technical Advisory Committee) member, and frequent guest on NBC/MSNBC. Dr. Patel was also former Director of Policy for the Office of Intergovernmental Affairs and Public Engagement in the White House; **Rebekah E. Gee, MD, MPH**, Chief Executive Officer, LSU Health Care Services, and former Secretary of the Louisiana Department of Health; **Don Rebhun, MD**, Regional Medical Director, HealthCare Partners Medical Group and Affiliated Physicians; and **Kelly Robison, MPA**, CEO, Brown & Toland Physicians.



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